### MONTHLY OPERATING REPORT

CHAPTER 11

CASE NAME: P	revalence He	alth, LLC			
CASE NUMBER:	09-02016 EE	For Period February 1 to February 28,2011.			
		R THE END OF THE MONTH. The debtor must attach each of the following forms unless requirement in writing. File with the court and submit a paper copy to UST with an original			
Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS			
(mark only one - a	ttached or waived)				
{ }	{X}	Comparative Balance Sheet (FORM 2-B)			
{ }	{X}	Profit and Loss Statement (FORM 2-C)			
{X}	{ }	Cash Receipts & Disbursements Statement (FORM 2-D)			
{ }	{X}	Supporting Schedules (FORM 2-E)			
{ }	(X)	Narrative (FORM 2-F)			
{ }	<b>{X3</b> }	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)			
best of my knowled		following Monthly Operating Report and any attachments thereto, are true and correct to the Debtor(s)*: Prevalence Health, LLC			
		By: ** 11. X Lefter )			
		Position: Liquidating Agent			
		Name of preparer: H. K. Lefoldt, Jr.			
		Telephone No. of Preparer 601-956-2374			

<sup>\*</sup> both debtors must sign if a joint petition

<sup>\*\*</sup> for corporate or partnership debtor

CASE NAME: Prevalence Health, LLC CASE NUMBER: 09-02016 EE

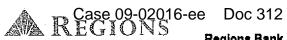
## QUARTERLY FEE SUMMARY

MONTH ENDED February 28, 2011

Payment Date January February March Total	Cash Disbursements * \$ 45,675 \$ 17,484 \$	Quarterly Fee Due	Check No.	Date
1st Quarter	\$	\$		
April May June Total	\$ \$ \$			
2nd Quarter	\$	\$		
July August September Total 3rd Quarter	\$ \$ \$	\$		
October November December Total 4th Quarter	\$ \$ \$	\$		
(2	DISBURSEMENT C		TERLY FEE D	TIE
	\$0 to \$14,999.99 \$15,000 to \$74,999.9 \$75,000 to \$149,999. \$150,000 to \$224,99. \$225,000 to \$299,99. \$300,000 to \$999,99. \$1,000,000 to \$1,999. \$2,000,000 to \$2,999. \$3,000,000 to \$4,999. \$5,000,000 to \$14,999. \$15,000,000 to \$29,9. \$30,000,000 or more	09 .99 9.99 9.99 9.99 9,999.99 9,999.99	\$325 \$650 \$975 \$1,625 \$1,950 \$4,875 \$6,500 \$9,750 \$10,400 \$13,000 \$20,000 \$30,000	CE

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

<sup>\*</sup> Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page I of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.



Document

Filed 03/31/11 Entered 03/31/11 12:07:39 Desc Main Page 3 of 6

Regions Bank

Jackson 210 E Capitol ST Main 210 East Capitol Street Jackson, MS 39201

00045747 01 AV 0.335 001 PREVALENCE HEALTH LLC ATTN: H KENNETH LEFOLDT JR PO BOX 2848 **RIDGELAND MS 39158-2848** 

\* Break In Check Number Sequence.

**ACCOUNT #** 

9001277993

Cycle Enclosures

Page

001 27 3

1 of 3

# COMMERCIAL ANALYZED CHECKING February 1, 2011 through February 28, 2011

			SUMMARY	
Beginning Balance Deposits & Credits Withdrawals Fees Automatic Transfers Checks Ending Balance	17,484.0°	\$421,375.38 \$11,946.25 \$460.00 \$273.21 \$0.00 \$16,750.79 \$415,837.63	Minimum Balance +	\$415,837

		DEPOSITS	& CREDITS		
02/03 02/10 02/17 02/23 02/24	Acs MS Title Xix Sy Acs MS Title Xix Sy EDS Corporation	rsgen-EFT Prevalence Hea 00 rsgen-EFT Prevalence Hea 00 rsgen-EFT Prevalence Hea 00 fssa/Dh 1821009333 Pre 2008 rsgen-EFT Prevalence Hea 00	1440949110205 1440949110212 310340A		1,780.73 5,347.93 1,728.56 446.12 2,642.91
				Total Deposits & Credit	\$11,946.25
		WITHW	RAWALS		
02/02 02/11 02/16	Pitney Bowes Po	ilerch Fee Heaith Ailianc 8003 stage Debtor IN Poss 429062 stage Debtor IN Poss 429062	55		60.00 200.00 200.00
				Total Withdrawal	\$460.00
		FI	EES		
02/09	Analysis Charge	01-11			273.21
		CHI	<b>ECKS</b>		
Date	Check No.	Amount	Date	Check No.	Amount
02/01 02/24	61454 61455	1,422.00 8,797,50	02/25	61456	6,531.29
				Total Checks	\$16,750.79

Jackson 210 E Capitol ST Main 210 East Capitol Street Jackson, MS 39201



PREVALENCE HEALTH LLC ATTN: H KENNETH LEFOLDT JR PO BOX 2848 RIDGELAND MS 39158-2848

ACCOUNT #

9001277993

 Cycle
 27

 Enclosures
 3

 Page
 2 of 3

DAILY BALANCE SUMMARY					
Date	Balance	Date	Balance	<u>Date</u>	Balance
02/01 02/02	419,953.38 419,893.38	02/10 02/11	426,748.83 426,548.83	02/23 02/24	428,523.51 422,368,92
02/03 02/09	421,674.11 421,400.90	02/16 02/17	426,348.83 428,077.39	02/25	415,837.63

You may request account disclosures containing terms, fees, and rate information (if applicable) for your account by contacting any Regions office.



Document

Filed 03/31/11 Entered 03/31/11 12:07:39 Desc Main Page 5 of 6

Regions Bank

Jackson 210 E Capitol ST Main 210 East Capitol Street Jackson, MS 39201



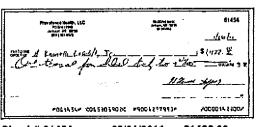
PREVALENCE HEALTH LLC ATTN: H KENNETH LEFOLDT JR PO BOX 2848 RIDGELAND MS 39158-2848

ACCOUNT #

9001277993

Page

3 of 3



81458 HARMA MARI James III Tellis FI 47046 \_1111/1 City Moved an Dail and send 188767.55 \_‰ Potessinal Senses - He summed #DS1455# #CL53059080 #9C01277959#

Address Supp. \$ 441). M 30375 Miles Store lig shoul for held dispose "Ho 1170-11/20 showed 386 106 \*051455# #0593019026 #9001277993# /0000653125/

Check# 61454

02/01/2011

\$1422.00

Check# 61455

02/24/2011

\$8797.50

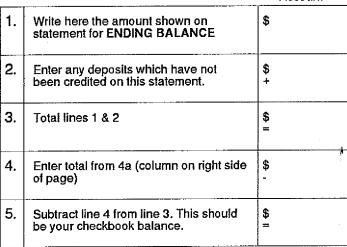
Check# 61456

02/25/2011

\$6531.29

### Easy Steps to Balance Your Account

#### Checking Account



4a List any checks, payments, transfers or other withdrawals from your account that are not on this statement.

Check No.	Amount		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
Total	\$		
Enter in Line 4 at Left			

The law requires you to use "reasonable care and promptness" in examining your bank statement and any checks sent with it and to report to the Bank an unauthorized signature (i.e., a forgery), any alteration of a check, or any unauthorized endorsement. You must report any forged signatures, alterations or forged endorsements to the Bank within the time periods specified under the Deposit Agreement. If you do not do this, the Bank will not be liable to you for the losses or claims arising from the forged signatures, forged endorsements or alterations. Please see the Deposit Agreement for further explanation of your responsibilities with regard to your statement and checks. A copy of our current Deposit Agreement may be requested at any of our branch locations.

> Summary of Our Error Resolution Procedures In Case of Errors or Questions About Your Electronic Transfers Telephone us toll-free at 1-800-444-2867 (or, if in Birmingham area, 326-5667) Regions Electronic Funds Transfer Services Post Office Box 413 Birmingham, Alabama 35201

As soon as you can, if you think your statement is wrong or if you need more information about a transfer listed on your statement. We must hear from you no later than sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

(1) Tell us your name and account number.

(2) Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information.

(3) Tell us the dollar amount of the suspected error.

If you tell us verbally, we may require that you send us your complaint or question in writing within ten (10) business days.

We will determine whether an error occurred within ten (10) business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to forty-five (45) days to investigate your complaint or question (ninety (90) days for POS transactions or for transfers initiated outside of the United States). If we decide to do this, we will credit your account within ten (10) business days for the amount you think is in error. If, after the investigation, we determine that no bank error occurred, we will debit your account to the extent previously credited. If we ask you to put your complaint in writing and we do not receive it within ten (10) business days, we may not credit your account.

New Accounts- If an alleged error occurred within thirty (30) days after your first deposit to your account was made, we may have up to ninety (90) days to investigate your complaint, provided we credit your account within twenty (20) business days for the amount you think is in error. If we decide there was no error, we will send you a written explanation within three (3) business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

FOR QUESTIONS CONCERNING THIS STATEMENT OR FOR VERIFICATION OF A PREAUTHORIZED DEPOSIT, PLEASE CALL THE PHONE NUMBER ON THE REVERSE SIDE OF THIS STATEMENT OR VISIT YOUR NEAREST REGIONS LOCATION.

ADJ - Adjustment EB - Electronic Banking

RI - Return Item NSF - Nonsufficient Funds

CR - Credit APY - Annual Percentage Yield

SC - Service Charge FWT - Federal Withholding Tax OD - Overdrawn \*Break in Number Sequence